Defense Finance and Accounting Service
and
Manpower Information Systems Support Activity

1500 East 95th Street - Kansas City, Missouri 64197-0540

JOB/PROCESS SCHEDULING REQUIREMENTS FOR CALENDAR YEAR 2002

ORGANIZATION: MISSA   **CUSTOMER NAME: Manpower Information Systems Support Activity __**   **PHONE: DSN: 465-5308**
COM: 816-926-5308

JOBNAME OR PROCESS: <u>MCTFS DAILY CYCLE EXTRACT PROCESS</u> _____

2002

Calendar — "X" indicates days the job/process is scheduled. Federal holidays are lightly shaded.

Month	Days marked with "X"
Jan	1, 2, 6, 7, 8, 9, 13, 14, 15, 16, 21, 22, 24, 27, 28, 29
Feb	3, 4, 5, 7, 10, 11, 12, 13, 17, 18, 20, 24, 25, 26, 27
Mar	3, 4, 5, 7, 10, 11, 12, 13, 17, 18, 19, 21, 24, 25, 26, 27, 28, 31
Apr	1, 2, 3, 7, 8, 9, 10, 11, 14, 15, 16, 19, 20, 21, 22, 23, 24, 25, 28, 29
May	2, 3, 5, 8, 9, 12, 13, 14, 15, 19, 20, 23, 26, 27, 28, 29
Jun	2, 3, 4, 6, 9, 10, 11, 12, 13, 16, 17, 18, 19, 20, 23, 24, 25, 26, 27
Jul	1, 2, 4, 7, 8, 9, 10, 14, 15, 16, 17, 18, 21, 22, 25, 28, 29, 30
Aug	1, 4, 5, 6, 8, 11, 12, 13, 14, 15, 18, 19, 20, 22, 25, 26, 27, 28, 29
Sep	2, 3, 4, 5, 8, 9, 10, 11, 12, 15, 16, 17, 18, 19, 20, 22, 23, 24, 25, 26, 27, 29
Oct	1, 2, 3, 6, 7, 8, 9, 10, 14, 15, 16, 18, 19, 20, 21, 22, 24, 27, 28, 29, 30
Nov	1, 3, 4, 5, 7, 10, 11, 12, 13, 14, 17, 18, 20, 21, 24, 25, 26, 28
Dec	1, 2, 3, 5, 8, 9, 10, 11, 12, 15, 16, 17, 19, 22, 23, 25, 26, 29, 30, 31

SPECIAL INSTRUCTIONS: April 19 & 20 Run Software Release Cycle .   **Requested by: Lee Miller**
October 18 & 19 Run Software Release Cycle   **Hd Sys Maint Br**
COM: 816-926-5308

INSTRUCTIONS FOR COMPLETING THIS FORM:

1. Enter an "X" in the box(es) for the days the Job or Process is to be scheduled for execution. If more than one execution is required during a given day, indicate the number of times in the box.

2. Enter the desired START time(s) for the Job or Process in the SPECIAL INSTRUCTIONS area.

3. Federal Holidays are lightly shaded in the calendar.
_____

This portion of the form to be completed by DMC-S.

DATE REQUEST RECEIVED: _____   DATE COMPLETED: _____

COMPLETED BY: _____